N. A.	(to	TRANSMITTAL FORM The used for all correspondence after initial all Number of Pages in This Submission		U.S. Ps are required to respond to a collication Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	atent and Trection of info 10/734,223 12/15/2003 Patrick Mol 1753 Luan V. Va	ormation 3 3 3	PTO/SB/21 (09-06) d for use through 03/31/2007. OMB 0651-0031 s Office; U.S. DEPARTMENT OF COMMERCE unless it displays a valid OMB control number.			
	100	ar Number of Pages III This Submission			l					
	ENCLOSURES (Check all that apply)									
ř		Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request		Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	censing-related Papers etition etition to Convert to a covisional Application ower of Attorney, Revocation nange of Correspondence Address erminal Disclaimer equest for Refund D, Number of CD(s) Landscape Table on CD		After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):			
		Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53								

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Signature

Typed or printed name Steven S. Payne

- S. Pay

Date 02/28/2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (02-07)
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Under the Proprior Reduc	tion Act of 1995	no persons are required	to resp	U.S. Patent ond to a collectio	and Trade	emark Office; U.S. DE ation unless it displays	PARTMENT OF COMMERCE s a valid OMB control number
FEE TRANSMITTAL For FY 2007						omplete if Knov	•
				Application Number 1		10/734,223	
				Filing Date 12/		2/15/2003	
				First Named Inventor Pati		Patrick Moller	atrick Moller
				Examiner Name Luan V. Van		∟uan V. Van	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1753		
TOTAL AMOUNT OF PAYMENT (\$) 2160.00				Attorney Docket No. 150-137			
METHOD OF PAYMEN	IT (check al	I that apply)					
Check ✓ Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name:							
For the above-iden	tified deposit	account, the Director i	is hereb	y authorized to	: (check	all that apply)	
Charge fee(s	s) indicated b	elow		Charg	ne fee(s) i	indicated below, ex	cept for the filing fee
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION							
			<u> </u>			.	
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
Application Type		Small Entity		Small Entity	Fee	Small Entity	Fees Paid (\$)
Utility	300		200 200	<u>Fee (\$)</u> 250	200		
Design	200		100	50	130		
Plant	200		300	150	160		
	300		500	250	600		
Reissue							
Provisional	200	100	0	0	0	0	Small Entity
2. EXCESS CLAIM FE Fee Description	ES					Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims 50 25 200 100 180							
							Total Claims
- 20 or HP = HP = highest number of tot	al claims naid f					<u>Fee (\$)</u>	Fee Paid (\$)
Indep. Claims - 3 or HP =	Extra Clair	ms Fee (\$)		aid (\$)			
HP = highest number of ind	ependent claim	s paid for, if greater than	3.				
3. APPLICATION SIZE If the specification an	FEE d drawings	exceed 100 sheets o	of pape	r (excluding	electron	ically filed seque	nce or computer

SUBMITTED BY		$\overline{}$		
Signature	5/	Varn	Registration No. (Attomey/Agent) 35,316	Telephone 202-828-9299
Name (Print/Type	Steven S. Pavne			Date 02/28/2007

listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

(round up to a whole number) x

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 5 month EOT

4. OTHER FEE(S)

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